

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	097857926
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1								51
2								52
3								53
4								54
5								55
6								56
7								57
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41								91
42								92
43								93
44								94
45								95
46								96
47								97
48								98
49								99
50								100
TOTAL								TOTAL
IND.								IND.
DEP.								DEP.
TOTAL								TOTAL
CLAIMS								CLAIMS